


PART B - ISSUE FEE TRANSMITTAL

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advanced orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.

<div>1. CORRESPONDENCE ADDRESS</div> <div><p>NATIONAL SCIENTERS 11211 G. SCIENERS 4100 COMMON DRIVE STE. IRVINE CA 92715</p><p>10 15 NOV</p></div>	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
	INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	CO-INVENTOR'S NAME
	Street Address
	City, State and ZIP Code
	<input type="checkbox"/> Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART-UNIT	DATE MAILED		
17, 206, 101	01/25/10	1	121	02/10		
First Named Applicant	CHONG CHANG FAN					
TITLE OF INVENTION	SUBSTITUTED DIARYLINES BEARING HETEROAROMATIC AND HETEROCYCLIC GROUPS HAVING RETINOID LIKE ACTIVITY					
ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE D
10501115	2413007	1008	550	UTILITY	\$1050.00	12/10

3. Further correspondence to be mailed to the following:

Gabor L. Szekeres
KLEIN & SZEKERES
4199 Campus Drive, Suite 700
Irvine, California 92715

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Gabor L. Szekeres
2 Mark A. ...
3 R...

DO NOT USE THIS SPACE

DT-11355	11/18/91	07326191
DT-11356	11/18/91	07326191

01-0885	110	142	1,030.00CH
01-0885	110	301	15.00CH

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)		6a. The following fees are enclosed: <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance	
(1) NAME OF ASSIGNEE: ALLERGAN, INC.		6b. The following fees should be DEPOSIT ACCOUNT NUMBER (Enclose Part C)	
(2) ADDRESS: (City & State or Country) 2525 Dupont Drive, Irvine, CA 92715		<input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advanced Office	
(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION Delaware		<input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees	
A. <input type="checkbox"/> This application is NOT assigned.			
<input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office.			
<input type="checkbox"/> Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.			
PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.			
By <u>Gabor L. Szeles</u>		Signature of party in interest of record <u>Gabor L. Szeles</u> <u>Nov. 1, 1988</u>	
NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.			